

CASE FACTORS					
CDCR NUMBER AR5554		NAME (LAST, FIRST, MI) KUNES, STEVEN		COUNTY OF COMMITMENT SB	COUNTY OF LAST LEGAL RESIDENCE Pennsylvania
<input type="checkbox"/> NEW FELON	<input type="checkbox"/> PVWNT	A19041077	PLACEMENT SCORE 10	INSTITUTION CCI-II D (SNY)	SCHEDULED RELEASE DATE 12/16/2013
RESIDENCE PLANS					
<input type="checkbox"/> REQUESTS OUT OF COUNTY PAROLE/RELEASE		<input type="checkbox"/> REQUESTS OUT OF STATE PAROLE/RELEASE		<input type="checkbox"/> CHANGE OF ADDRESS	
PRIMARY RESIDENCE	WITH WHOM Charles Kunes		RELATIONSHIP Father	PHONE NUMBER 215-945-6470	
	87 Forsythia Drive North		Levittown	Bucks Pennsylvania 19056	
ALTERNATE RESIDENCE	WITH WHOM		RELATIONSHIP	PHONE NUMBER	
	STREET ADDRESS		CITY	COUNTY STATE, IF INTERSTATE	
SUPERVISION DETERMINATION BY CORRECTIONAL COUNSELOR/PAROLE AGENT					
a. Check ALL that apply on the CURRENT TERM:		b. Parole Terms	c. For PC only	d. Supervision Determination	
<input type="checkbox"/> PC667.5(c) <input type="checkbox"/> PC1192.7(c)/1192.8 <input type="checkbox"/> LIFE SENTENCE		PC 3000 exclusion	STATIC SCORE: _____ HR50 = Male with score 4 or more, Female with moderate or high risk.	<input type="checkbox"/> RELEASE TO STATE PAROLE REGION: <input type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv	<input type="checkbox"/> RELEASE TO COUNTY SUPERVISION (N/A)
CORRECTIONAL COUNSELOR/PAROLE AGENT NAME (PRINT) C. Hammons, CC-I		CORRECTIONAL COUNSELOR/PAROLE AGENT SIGNATURE		CONTACT NUMBER AND EXT. (661) 822-4402, EX 4638	DATE SIGNED 11/14/13
SUPERVISOR REVIEW AND APPROVAL OF SCREENING DETERMINATION					
<input type="checkbox"/> I HAVE REVIEWED AND APPROVED THE SUPERVISION DETERMINATION		CSRA SCORE: 1 LOW		<input type="checkbox"/> Meets 3060.7 PC (Check box if CSRAS, CSRA manual or PC 290)	
CORRECTIONAL COUNSELOR/PAROLE SUPERVISOR NAME (PRINT Last, First) E. Croxton, CC-11		CORRECTIONAL COUNSELOR PAROLE SUPERVISOR SIGNATURE (Last, First)			DATE SIGNED 11/14/13
COUNTY AGENCY REPORTING INSTRUCTIONS					
COUNTY OFFICE: Santa Barbara County Probation				PHONE NUMBER AND EXT.	
ADDRESS: 117 E. Carrillo Street			CITY: Santa Barbara	STATE: CA	
COUNTY REPRESENTATIVE (Print Last Name, First)		COUNTY REPRESENTATIVE SIGNATURE			DATE SIGNED
<input type="checkbox"/> PC 3060.7 NOTED OR <input type="checkbox"/> NOT APPLICABLE, REPORT AS FOLLOWS: PRCS Exempt (Controlling Case 1365624-AB109)					
PAROLE REPORTING INSTRUCTIONS					
ASSIGNED PAROLE UNIT		RE-ENTRY SCREENER'S NAME (PRINT)	RE ENTRY SCREENER'S SIGNATURE	PHONE NUMBER AND EXT.	
COUNTY OFFICE:			STATE	<input type="checkbox"/> CDCR SUPERVISION LEVEL: _____ <input type="checkbox"/> Release per PC 3060? <input type="checkbox"/> COMPAS Case Plan Approved <input type="checkbox"/> Report As Follows (include date and time)	
<input type="checkbox"/> RELEASE WITH FULL FUNDS <input type="checkbox"/> RELEASE WITH \$ _____ (BALANCE TO PAROLE UNIT)					
<input type="checkbox"/> REPORT TO PAROLE AGENT: _____					
PAROLE OFFICE: _____ PHONE: _____ STREET: _____ CITY: _____ STATE: _____					
PAROLE AGENT NAME (PRINT)	BADGE #	DATE SIGNED	SUPERVISOR SIGNATURE	BADGE #	DATE SIGNED
RECEIVED A COPY OF REPORTING INSTRUCTIONS					
CDCR NUMBER AR5554	INMATE NAME STEVEN MARK KUNES		INMATE SIGNATURE		DATE SIGNED: 11/14/13
STAFF NAME (PRINT Last, First) HAMMONS, C.		BADGE # 24947	STAFF SIGNATURE		DATE SIGNED: 11/14/13

CDCR NUMBER	INMATE/PAROLEE NAME	DATE OF STUDY															
AR5554	KUNES, STEVEN	11/14/13															
VIII: NOTIFICATION AND REGISTRATION REQUIREMENTS / SPECIAL INTEREST																	
NOTIFICATION (Check all that apply)		SPECIAL INTEREST															
<input type="checkbox"/> 3058.6 PC <input type="checkbox"/> 3058.61 PC <input type="checkbox"/> 3058.65 PC <input type="checkbox"/> 3058.8 PC <input type="checkbox"/> 3058.9 PC <input type="checkbox"/> 11150 PC		<input type="checkbox"/> PUBLIC INTEREST CASE <input type="checkbox"/> DISTANCE ABUSE PROGRAM <input type="checkbox"/> SECURITY HOUSING UNIT															
REGISTRATION		OTHER REQUIREMENTS															
<input type="checkbox"/> 11590 H&S <input type="checkbox"/> 290 PC <input type="checkbox"/> 186.30 PC <input type="checkbox"/> 457.1 PC		<input type="checkbox"/> SUBJECT TO 645 PC <input type="checkbox"/> SUBJECT TO PC 11177.2 RESTITUTION <input type="checkbox"/> SUBJECT TO 3053.2 PC															
IX: HOLD (S)																	
ICE HOLDS PLACED <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, INDICATE US ICE "A" NUMBER	ILLEGAL ALIEN: <input type="checkbox"/> ACTUAL <input type="checkbox"/> POTENTIAL <input type="checkbox"/> PREVIOUSLY DEPORTED															
OTHER HOLD(S) <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, INDICATE AGENCY AND HOLD NUMBER	FOR CDCR TRACKING PURPOSES ONLY <input type="checkbox"/> 2962 PC (MOD) <input type="checkbox"/> 6501 W&IC SVP SCREENING FORM COMPLETED OR (SVP) STATUS:															
X: EMPLOYMENT PLANS																	
PRIMARY SOURCE OF INCOME	PERSON TO CONTACT	CONTACT TELEPHONE NUMBER															
SECONDARY SOURCE OF INCOME	PERSON TO CONTACT	CONTACT TELEPHONE NUMBER															
XI: CASE WORKER EVALUTION																	
HAS THE INMATE SERVED IN ANY BRANCH OF THE US MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO																	
LIST WORK SKILLS, GANG AND ENEMY INFORMATION, AND KNOWN FAMILY PROBLEMS: Writer, No Gang, Enemies noted, No known family problems.		<table border="1"> <thead> <tr> <th></th><th>NOTED</th><th>CLEAR</th></tr> </thead> <tbody> <tr> <td>812</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>812A</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>812B</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>812C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>		NOTED	CLEAR	812	<input type="checkbox"/>	<input type="checkbox"/>	812A	<input type="checkbox"/>	<input type="checkbox"/>	812B	<input type="checkbox"/>	<input type="checkbox"/>	812C	<input type="checkbox"/>	<input type="checkbox"/>
	NOTED	CLEAR															
812	<input type="checkbox"/>	<input type="checkbox"/>															
812A	<input type="checkbox"/>	<input type="checkbox"/>															
812B	<input type="checkbox"/>	<input type="checkbox"/>															
812C	<input type="checkbox"/>	<input type="checkbox"/>															
<input type="checkbox"/> VOCATIONAL PROGRAM: None.	<input type="checkbox"/> PIA: None.	<input type="checkbox"/> JOINT VENTURE PROGRAM: None.															
GRADE POINT LEVEL 12.9																	
None																	
XII. SERIOUS DISCIPLINARIES																	
No RVR's.																	
PHYSICAL DISABILITY	DEVELOPMENTAL DISABILITY (OD)	TUBERCULOSIS (TO) SCREENING															
NO DISABILITY	DPP NCF, Dated: 7/2/13	DD TB CODE DATED 22 7/2/13															
Mental Health: Per (Source document): CDCR 128-MH1 DATED: 7/2/13																	
<input type="checkbox"/> Is not In the Mental Health Services Delivery System <input type="checkbox"/> CCCMS <input type="checkbox"/> EOP <input type="checkbox"/> MHCb <input type="checkbox"/> DEPT. OF STATE HOSPITALS <input type="checkbox"/> INVOLUNTARY MEDICATION																	
LIST SPECIFIC MEDICAL/MENTAL HEALTH, OUTPATIENT CLINIC NEEDS, AND MEDICAL CONCERNS/DISABILITIES																	
CDCR 7410 DTD 7/2/13, Ground floor cell, Bottom Bunk, Cotton bedding, No litting over 10lbs, no standing more than 15 minutes at a time without resting.																	

AR5554 Kunes, Steven LEGAL STATUS SUMMARY

Inmate Name: Kunes, Steven M.	CDC #: AR5554	DOB: 09/07/1956
Facility: CCI-Facility D (CCI-D)	Housing: D 00121-000006L	CCRA: A. Valenzuela
PC2933 Eligible: Yes	MMC Eligible: Yes	CCI: C. Hammons
You have been committed to the CDCR to serve the following sentences.		
		PRCS Eligible: Yes

Sentencing Overview

Term Start Date: 7/2/2013	Total Term: 2y 0m 0d	Overall Max Date: 12/16/2013
Control Date: 12/16/2013	Control Date Type: EPRD	
Time Served: 698 days (incl. pre-sentence)	Time Remaining: 32 days	As of Date: 11/14/2013

Sentence Structure

Cmt.	County	Sentence Date	Total Time Imposed	Status	Status Date
BA	Santa Barbara	06/05/2013	2y 0m 0d	Imposed	06/05/2013

Sentence Components (1 – 1 of 1)

Cmp.	Count	County/Case #	Crime (Statute)	Offense	Offense Date	Time Imposed	Relationship to Cnit./Cmp.	Credit Rate	Pre-Snt Credit	Post-Snt Credit	Vested Credit
001	2	Santa Barbara/ 1426140	PC4532(b)(2)[01]	Escape County/Prison With Force	08/22/2012	2y 0m 0d		PC 2933 Credit	0	27	27

COMMENTS:

PRCS Exempt (Controlling Case 1365624-AB109)

Legal Mandates

Cmt./Cmp.	Mandate Type	Begin Date	Due Date	Status
No Rows Found				

Dead Time

Began	Ended	Days	Type
No Rows Found			

Active Detainers / Notifications

Date Placed	Type	Reason	Agency Name	Detainer / Case #	Offense
No Rows Found					

Legend: (The dates shown above are subject to change.)